

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO**

WALTER STEVEN JACKSON, et al.,

Plaintiffs,

vs.

Case No. 87-CV-00839-JAP/KBM

LOS LUNAS CENTER, et al.,

Defendants,

and

THE ARC OF NEW MEXICO,

Intervenor,

and

MARY TERRAZAS, et al.,

Intervenor.

JACKSON QUARTERLY REPORT JANUARY 15, 2016

COME NOW Defendants, by and through counsel, Jerry A. Walz, Esq., Walz and Associates, P.C. and hereby submit the Jackson Quarterly Report.

Respectfully Submitted,

/s/ Jerry A. Walz

Jerry A. Walz, Esq.

James J. Grubel, Esq.

Attorney for Defendants

Walz and Associates, P.C.

133 Eubank NE

Albuquerque NM 87123

505-275-1800

Email: jerryawalz@walzandassociates.com

I HEREBY CERTIFY that on the 15th day of January 2016, I filed the foregoing pleading electronically through the CM/ECF system, which caused all counsel of record and interested parties be served by electronic means as more fully reflected in the Notice of Electronic Filing.

/s/Jerry A. Walz

Jerry A. Walz

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2015 Objectives for Health, Safety and Supported Employment Plans with Evaluative Components	Date of Completion	Component Manager	Comments
HEALTH PLAN			
<i>Health Objective H1.1</i> Expectations for healthcare coordination are appropriate as evidenced by well-defined roles and responsibilities that are carried out and measured at the provider, region and state level.			
H1.1a The Department of Health (DOH) must define healthcare coordination roles and responsibilities at the provider, regional, and state levels in DOH policies, procedures, and standards.	9/30/15	<i>CSB Bureau Chief</i>	CSB Bureau Chief met with Medical Director and Division Director to review draft healthcare coordination (HCC) definitions, roles and responsibilities. Input was also received from A McCartney regarding their interpretation of HCC definition and roles. CSB researched the national guidance on HCC and the New Mexico NMAC for HCC under the MCOs and DDW. The role of the HCC in the DDW must be aligned with the processes mandated by the HSD contracts with the four Medicaid Managed Care Organizations. JCA provided feedback regarding healthcare coordination roles at the December 10, 2015 consultation meeting. Defendants are in the process of incorporating feedback and will disseminate once complete.
H1.1b The DOH must disseminate the definitions referred to in H1.1a to all pertinent providers.	9/30/15	<i>CSB Bureau Chief</i>	See status above
H1.1c The definitions of healthcare coordination roles and responsibilities must contain measurable performance indicators so that the DOH can assess whether the assigned responsibilities are carried out at the provider, regional, and state levels.	9/30/15	<i>CSB Bureau Chief</i>	See status above
H1.1d The DOH must annually evaluate the performance of healthcare coordination roles and responsibilities consistent with the measurable performance indicators through the use of the health field survey tool or other	12/31/15	<i>CSB Bureau Chief</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based

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appropriate tools.			on the Pilot process. **Supporting Documentation: The most current Health Field Survey Tool will be provided prior to Jackson Quarterly Meeting on February 4, 2016.
H1.1e The DOH must take prompt action to address healthcare coordination performance that does not meet the measurable performance indicators.	4/30/16-first quarter data and collected and reported	<i>CSB Bureau Chief</i>	No data to report at this time.
Health Objective H1.2 Nurses routinely monitor Jackson Class Members' individual health needs through (1) oversight, (2) communication with DSP (Direct Support Professionals), and (3) corrective actions in order to implement the Jackson Class Members' health plans, to ensure that the Jackson Class Members' health needs are being met, and to timely respond to changes in Jackson Class Members' health status.			
H1.2a Defendants must ensure that each JCM's healthcare needs, conditions, and risk factors are accurately documented in the JCM's healthcare record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H1.2b DSP and their supervisors must receive training by nurses in order to competently and correctly implement each JCM's healthcare plan.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
H1.2c Nurses must visit each JCM in accordance with DOH requirements.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
H1.2d Nurses must meet with DSP's as needed based upon the JCM's ECHAT acuity level and any significant change in health	10/31/15-first quarter data collected and	<i>CSB Bureau Chief</i>	

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status to monitor the individual.	reported.		
H1.2e Defendants must ensure prompt revision of a JCM's healthcare plan if there is a change in the JCM's health status.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
Health Objective H1.3 Teams use accurate health records for Jackson Class Members.			
H1.3a Defendants must monitor the accuracy of each JCM's health record, including the JCM's current healthcare plans.	10/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H1.3b Each JCM's "Therap eCHATS" ("Electronic Comprehensive Assessment Tool") must be updated within 45 days before an IDT (Interdisciplinary Team) Meeting at which the JCM's annual ISP (Individual Service Plan) is created.	10/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Initial report has been run. Data analysis in process regarding ECHAT updated within 45 days before a team meeting occurring. Report will be shared when analysis has been complete.
Health Objective H1.4 Teams (including the individual) have information (education, consultant and technical assistance) needed to achieve goals stated in individual Healthcare Plans, MERPs [Medical Emergency Response Plans], CARMPs [Comprehensive Aspiration Risk Management Plans] and written direct support instructions as appropriate to the individual.			
H1.4a Upon request, DDS D will assist IDTs to identify professionals with specialized skills to provide needed information, consultation, and technical assistance. DDS D will inform IDTs of the availability of	First issued by 7/31/15	<i>DDS D Medical Director</i>	A letter outlining how to request assistance from DDS D was sent to provider agencies and case managers on October 15, 2015. A tracking form has been developed and implemented.

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DDSD’s assistance.			
H1.4b Each JCM must have access to healthcare professionals with specialized skills, as needed.	12/31/15	<i>DDSD Medical Director</i>	Ongoing and tracked via the Specialty Services Report.
<i>Health Objective H1.5</i> Identified health needs for Jackson Class Members, including daily medical considerations, are addressed in individualized healthcare plans, MERPs, CARMPs, and written direct support instructions as appropriate to the Jackson Class Members. Healthcare plans are reviewed and promptly modified in response to changes in health status.			
H1.5a Defendants must prepare quarterly reports on a sample of the JCMs to monitor the accuracy of the JCMs’ individual healthcare record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H1.5b Defendants must take action to correct inaccuracies in the JCMs’ individual healthcare record.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
<i>Health Objective H1.6</i> Current and complete information is provided to the healthcare professionals treating or evaluating the individual.			
H1.6a Healthcare professionals, who treat or evaluate a JCM, must have a copy of the JCM’s accurate “Health Passport.”	12/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Meeting held with Therap on December 7, 2015 to integrate the Health Passport Tool with the Physician Consultation Form. Programming issues have delayed the implementation of the changes.
H1.6b DOH will revise and distribute the Health Passport policy and procedure clearly stating that it is the DDW provider’s responsibility to provide, in all settings, the accurate and up to date Health Passport and	12/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Series of meetings with Therap have been held. Most recent meeting held with Therap on December 7, 2015 to integrate the Health Passport Tool with the Physician Consultation Form. Programming issues have delayed the implementation of the changes.

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Physicians Consultation form to treating health care professionals.			
H1.6c A JCM's provider must ensure a JCM's current healthcare information is provided to treating and evaluating healthcare professionals and the case manager must verify that through review of the Physician Consultation Form.	12/31/15-first quarter data collected and reported.	<i>BSI Bureau Chief and CSB Bureau Chief</i>	Once Therap has combined the Health Passport and Physician Consultation Form, a Director's Release was drafted, stating the requirement for case manager's to verify use of the Physician Consultation Form via Therap. In the next quarter the DR will be finalized and issued.
Health Objective H1.7 The team assures recommendations from healthcare professionals are reviewed with the individual and guardian in a manner that supports informed decision making and [are] either implemented, or documented in a Decision Consultation Form if recommendation is declined.			
H1.7a A JCM's IDT must ensure that a healthcare professional's recommendations and assessments (1) are promptly communicated to the nurse, guardian, DSP, and entire healthcare team, as needed, and (2) are implemented, unless the individual or their healthcare decision maker declines the healthcare professional's recommendations by completing a Decision Consultation Form.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H1.7b A JCM's healthcare records must accurately identify and reflect any recommendations and assessments of the JCM's treating and evaluating healthcare professionals.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	
H1.7c Defendants, through appropriate personnel, e.g., provider agencies and case managers, must ensure that a healthcare professional's recommendations are implemented within the prescribed	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	

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timeframe.			
H1.7d The JCM’s Case Manager must complete a Decision Consultation Form, as appropriate, for use by the JCM’s healthcare professionals. The Decision Consultation Form must be kept in the JCM’s healthcare records	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	
Health Objective H1.8 Each Jackson Class Member will receive the Jackson Class Member’s medications (1) in the doses prescribed, (2) in the manner and frequency prescribed, and (3) at the times prescribed.			
H1.8a Defendants must monitor the accuracy of administration of prescription medications to each JCM.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	DDSD is reviewing and acting on those medication events that fall into the highest reportable category on the General Events Reporting, in Therap, (GER). This is reported currently through the significant events process. The Health Field Survey Tool was piloted by contract RNs in November of 2015. A feedback meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting is scheduled for 1/14/16 to review edits based on the Pilot process. Defendants met with the JCA and Community Monitor on June 30, 2015. During this meeting, the JCA indicated the need to revise the HFST to include monitoring of right dose, right frequency and right time. These questions were added to the HFST. Discussed at the December 10, 2015 check in meeting with the JCA. JCA provided guidance as to the intent of the objective and evaluative components.
H1.8b Defendants must take prompt action to correct any failure to properly administer medications to a JCM in accordance with prescriptions.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	
Health Objective H2.1 Jackson Class Members receive age appropriate preventive/early detection screening/immunizations for health risk factors.			
H2.1a The DOH must publish and promote routine preventive and early detection healthcare screening standards guidelines that	9/30/15	<i>CSB Bureau Chief</i>	The DDSD Medical Director conducted a review of the United States Preventive Services Task Force Guidelines and other preventive services recommendations.

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are consistent with national standards and adjustable for the age and the specific condition of each JCM.			<p>Additional information was provided by the JCA and Ms. Kutas in December 2015.</p> <p>A procedure for direct care staff to produce a copy of recommended preventive services to accompany the individual to his/her annual healthcare visit was developed. The procedure utilizes the “widget” at www.healthfinder.gov and attaches the preventive service recommendations to the Health Passport and Physician Consultation Form.</p> <p>The recommendation output was presented to a meeting with representatives of Medicaid Managed Care on January 6, 2016</p>
H2.1b Each JCM must receive routine preventive screening and immunizations consistent with the national standards unless the JCM, in conjunction with the JCM’s guardian and primary healthcare provider, makes an informed choice to reject the recommended screening and immunization standards.	12/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	<p>An online tool which was developed by the United States Preventive Services Task Force (USPSTF) has been identified, which will greatly facilitate communication with the JCM’s primary care physician regarding the preventive services that are recommended for the JCM. A separate tool is under development to address preventive services that are specific to the JCM’s specific condition(s).</p> <p>Supporting Documentation: http://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care</p>
Health Objective H3.1 Jackson Class Members receive increased intensity of services during acute episodes or illnesses.			
H3.1a A nurse’s monitoring, including nursing assessments and oversight, must increase during a JCM’s acute episodes or illnesses.	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	<p>The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.</p>
H3.1b Prompt face to face visits by a Nurse must occur upon a JCM’s significant change of condition unless the Nurse directs and the JCM receives care from a Healthcare Practitioner, from urgent care or from emergency services. This visit will include a nursing assessment, monitoring and	10/31/15-first quarter data collected and reported.	<i>CSB Bureau Chief</i>	<p>H3.1c-discussed with the JCA at the October 28, 2015 check in meeting. As a result, DHI and DDSD met and agreed they would continue to follow the definition of neglect as outlined in NMAC 7.1.14. This agreement was conveyed to the JCA during the</p>

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management of JCMs acute illness or episodes. If the JCM receives care from a Healthcare Practitioner, from urgent care or from emergency services the nurse will promptly assess the JCM at the conclusion of the care.			December 10, 2015 check in meeting.
H3.1c In each individual case where a Nurse fails to comply with DOH requirements regarding significant health status change, the provider will report the failure to IMB. IMB will investigate and take appropriate action and DOH will review patterns and trends via the health field tool and identify nurse performance issues, and will take corrective action.	10/31/15-first quarter data collected and reported.	CSB Bureau Chief	
Health Objective H3.2 Direct Service Personnel/supervisors are able to identify subtle signs of change/acute symptoms.			
H3.2a The DOH must issue healthcare guidelines for use by healthcare provider staff about the timely identification of and response to changes in the health status of a JCM so that a JCM does not experience unnecessary pain, loss of optimal function, or regression. The DOH may develop “fact sheets” that define a specific health condition, related signs and symptoms, and recommended actions, or the DOH may develop other pertinent policies and procedures that provide the required guidance.	First issue by 10/31/15	CSB Bureau Chief	An Alert regarding change of condition which addressed Atypical Signs of illness was drafted in October 2015 and submitted to the JCA for review. Multiple edits were received from Eva Kutas. Feedback was reviewed and Alert has been modified and will be issued by January 31, 2015 to the field.
H3.2b Each JCM’s healthcare plans and MERP’s must contain individual specific information on how provider agency staff can identify subtle signs of change or acute	12/31/15-first quarter data collected and reported.	CSB Bureau Chief	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that

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symptoms.			process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H3.2c DSP and supervisors must receive and must complete appropriate training on how to timely identify signs of change or acute symptoms in a JCM.	10/31/15-first quarter data collected and reported.	CSB Bureau Chief	
H3.2d DSP and supervisors must promptly notify the nurse and document any acute symptoms and any signs of change in a JCM’s health status.	10/31/15-first quarter data collected and reported.	CSB Bureau Chief	
Health Objective H3.3 When informed of signs of change in health status (including chronic and acute pain) agency nurses take immediate action.			
H3.3a The pertinent DDW agency nurse must implement pain management strategies for addressing a JCM’s chronic and acute pain.	1/31/16-first quarter data collected and reported.	CSB Bureau Chief	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H3.3b The DOH or pertinent agency must communicate these effective pain management strategies to the JCM’s treating healthcare professionals.	1/31/16-first quarter data collected and reported.	CSB Bureau Chief	
H3.3c: The DDW Agency Nurse will evaluate the effectiveness of pain management strategies and record the effectiveness in nursing notes or on the MAR. If needed, the JCM’s healthcare record will be promptly updated.	1/31/16-first quarter data collected and reported.	CSB Bureau Chief	
H3.3d Nurses must identify and must respond to signs of a JCM’s chronic and acute pain and must take prompt action to reduce or to eliminate the JCM’s pain.	1/31/16-first quarter data collected and reported.	CSB Bureau Chief	
Health Objective H3.4 When an individual is receiving healthcare in an out of home setting, critical health and functional information will be provided and the			

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individual's existing adaptive equipment that can be used in that setting will be offered.			
H3.4a The DOH must develop and must implement a procedure to ensure communication of a JCM's need for existing AT, adaptive equipment and supports to an out-of-home provider.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	A Director's Release has been drafted and will be issued in the next quarter.
H3.4b The out-of-home provider must receive a JCM's Health Passport, along with information concerning the JCM's mobility, comfort, safety, and sensory items within 24 hours of the JCM's placement with an out-of-home provider.	12/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	See status above
H3.4c The necessary adaptive supports already used by a JCM must be offered to the out-of-home provider within 24 hours of the JCM's placement with an out-of-home provider.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	See status above
Health Objective H3.5 When a JCM is receiving healthcare in an out-of-home setting, the IDT will plan for a smooth transition back to the JCM's home as soon as medically feasible.			
H3.5a The JCM's case managers, Agency Nurses and pertinent Regional Office staff will meet promptly to plan for a JCM's safe discharge.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	A Director's Release has been drafted and will be issued in the next quarter.
H3.5b The JCM's e-CHAT and other healthcare records must be promptly updated by appropriate healthcare providers to indicate healthcare and adaptive supports that the JCM received from the out-of-home provider in order to ensure a safe and smooth transition back to the JCM's home.	10/31/15-first quarter data collected and reported.	<i>JCO and CSB Bureau Chief</i>	See status above

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Health Objective H4.1 Competent personnel (nurses, DSP, front line supervisors, ancillary providers, and case managers), who have received and passed competency based training related to prevention and early identification, provide services to Jackson Class Members. (Ashton #6, 7, 8)			
H4.1a The parties and the JCA must develop a mandatory competency based training program.	10/31/15-first quarter data collected and reported.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Met with the JCA and Plaintiffs' counsel on October 20, 2015. Crosswalks for related trainings for CM/DS/DSS were submitted to the JCA, as well as requested modules for review. Defendants requested a determination from the JCA of any gaps in regards to this EC.
H4.1b Nurses, DSP, front-line supervisors, ancillary providers, and case managers must satisfactorily complete the mandatory competency based training program.	1/31/16-first quarter data collected and reported.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Discussed at the December 10, 2015 JCA check in meeting as a follow up to the October 20, 2015 meeting. Pending information from the JCA in regards to any gaps in regards to this topic.
H4.1c The DOH must independently measure compliance by nurses, DSP, front-line supervisors, ancillary providers, and case managers with mandatory competency based training.	1/31/16-first quarter data collected and reported.	<i>DDSD Training Unit and CSB Bureau Chief</i>	DDSD Training Unit currently has a protocol in place to address training compliance for DSP, supervisors and case managers. Supporting Documentation: Regional compliance percentage summaries for 2 nd quarter FY16 for Direct Support, Direct Support Supervisors, and Case Managers regarding DDSD core curriculum competency-based training (Bates No. JQR Q1 2016 – 00002)
H4.1d The DOH must take prompt remedial action for nurses, DSP, frontline supervisors, ancillary providers, and case managers who are found deficient in the mandatory competency based training.	1/31/16-first quarter data collected and reported.	<i>DDSD Training Unit and CSB Bureau Chief</i>	Regional Training Coordinators are addressing any compliance issues for trainings for CM/DS/DSS. Supporting Documentation: Training Compliance Status Report FY16 Quarter 1 (Bates No. JQR Q1 2016 – 00003-00005)
H4.1e Nurses, DSP, front-line supervisors, ancillary providers, and case managers must receive information specific to Ashton #6, 7, and 8, as outlined in the Health Communications Matrix.	First issue by 10/31/15	<i>DDSD Training Unit and CSB Bureau Chief</i>	A meeting was held with plaintiffs on 10/20/2015 to clarify expectations around Ashton 6, 7, 8. A letter was sent to the JCA on 12/28/2015 regarding clarification of expectations. Defendants are awaiting a response from the JCA. Supporting Documentation: Letter to JCA 12/28/15 (Bates No. JQR Q1 2016 – 00006-00007)
Health Objective H4.2 IDTs provide for the			

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changing health supports class members need as they age including advanced care planning and have access to palliative care consistent with their individual needs.			
H4.2a Case managers and agency nurses must provide up-to-date information and resources to JCMs and their guardians about advanced care planning and palliative or end-of-life care so that the JCMs and their guardians can make informed choices.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	As part of a series of information/articles on this topic, Paving the Way End of Life Article was sent to the field on January 12, 2016. DDSD is in the process of working with CoC to modify and supplement information to the field. Supporting Documentation: Paving the Way End of Life article (Bates No. JQR Q1 2016 – 00008-00013)
H4.2b The DOH must identify, and must document on an annual basis in the pertinent healthcare records, those JCMs who want advanced care planning, including palliative care, and those JCMs who decline advanced care planning.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	The Health Field Survey Tool was piloted by the Columbus Organization using two contract RNs under the direction of Janet Simons, in November of 2015. A debriefing meeting was held in December 2015 to discuss results and recommendations based on that process. An internal meeting was held 1/14/16 to review edits based on the Pilot process.
H4.2c The DOH must provide advanced care planning and palliative care to those JCMs who choose to have advanced care planning and palliative care.	10/31/15-first quarter data collected and reported.	<i>DDSD Statewide CM Lead</i>	H4.2b-Discussed at the December 10, 2015 check in meeting with the JCA. JCA inquired about information sent out to the field. Information was provided in the previous quarterly report supporting documentation. DDSD Statewide CM Lead is currently working with CoC to revise/supplement information sent out by CoC. Information will be provided to the JCA at that time.
Health Objective H4.3 Quality Assurance information is used to improve health outcomes.			
H4.3a. The DOH must use existing quality assurance information and tools – including the measurements found in the CPR (Community Practice Review), Out-of-Home Placement, Emergency Services Utilization, ANE (Abuse, Neglect, and Exploitation) Reporting, and Provider QA (Quality Assurance) Reports to identify gaps in the healthcare services to JCMs and to improve	Issue first report by 1/31/16	<i>DDSD Deputy Director and BSI Bureau Chief</i>	This evaluative component is addressed via information gathered and shared at the IMB/DDSD Regional Monthly and Quarterly Meetings. The Out of Home Placement Report, Emergency Services and ANE Reporting information is specifically shared at these meetings. Information from the IMB/DDSD Quarterly Meetings will be provided to DDSQI as appropriate for systemic intervention as well as systemic information found in the CPR. Supporting Documentation: IMB/DDSD Monthly and Quarterly Meeting Minutes uploaded monthly.

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healthcare outcomes to JCMs.			
SAFETY PLAN			
<i>Safety Objective SI.1.1 Define “Abuse, Neglect and Exploitation” (ANE) consistent with New Mexico Statutory Adult Protective Services (APS) definitions.</i>			
S1.1a The DOH must promulgate revised regulations that define ANE consistent with APS definitions.	7/2/14 Complete and sustained	<i>IMB Chief</i>	Objective discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting. Objective submitted to JCA for disengagement on 12/22/15.
<i>Safety Objective SI.1.2 Provide educational information about how to detect ANE.</i>			
S1.2a The DOH must develop and must provide annually educational information to providers, physicians, clinicians, families, guardians, and law enforcement about detecting ANE.	Proposed 7/1/15, annually thereafter	<i>IMB Chief</i>	JCA provided consultation in regards to outreach to the various individuals listed in the evaluative component at the October 28, 2015 check in meeting. The IMB Annual report was finalized and distributed to approximately 600 providers and DDS staff. IMB Annual Report was reviewed by the JCA and Eva Kutas. IMB developed a communication matrix for this outreach effort related to providing information to physicians, clinicians, and law enforcement. This communication matrix was provided to the JCA and Eva Kutas on December 9, 2015 for feedback. JCA and Eva Kutas subsequently indicated that the communication matrix is responsive to the evaluative component and “on the right track.” Supporting Documentation: IMB FY15 Annual Report (Bates No. JQR Q1 2016 – 00014-00026), Communication Matrix (Bates No. JQR Q1 2016 – 00027-00029).
<i>Safety Objective SI.1.3 The individuals listed in POA [Plan of Action] CIMS B [Community Incident Management System] [regional coordinators, agency coordinators, direct contact staff, DD[S]D staff, case managers, agency executive staff, IMB investigators, agency IMCs, agency direct service staff] will receive the</i>			

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training described in the Eva Kutas Recommendations #7 and #8 and will pass a formal test of the individuals' knowledge and understanding of IMB provider policy requirements.			
S1.3a All current and new staff as listed in POA CIMS B and the DDS staff (Regional Directors, Assistant Regional Office Bureau Chief, and the DDS Training Unit) must successfully complete DHI's competency based training on ANE from a DHI Trainer or a DHI approved trainer that incorporates the principles of adult learning as described in Kutas Recommendations # 7 and #8 before working alone with JCMs and their guardians.	12/31/15	DHI Trainer	This past quarter involved changes in JCA contributions/involvement, and the ongoing revisions to the training. JCA consultant NM, who had been suggesting revisions/providing coaching to DHI Trainer, resigned effective immediately late in September. DHI Trainer has continued to maintain fidelity to the agreed upon work plan independently. Activities completed include ongoing revisions to the training as recommended by JCA: embedding/time coding different videos into the PowerPoint presentation, PowerPoint redesign, development of the learning platform (trainer's script), finalizing the new manual, finalizing new materials and instructions, finalizing technical presentation information, expanding participant trainer guide based on revised materials, establishing registration and delivery system/scheduling pilots based on new model, revising pre/post-tests to reflect fidelity to revised material, "Alpha testing" of training activities (DHI staff, DDS training manager, JCA consultant were present), ongoing attempts to identify assistance from a contractor for training delivery (identify interest and willingness), ongoing meetings/phone calls with JCA consultant JS following JCA consultant NM's parting, two submissions of PPT curriculum to the Review Team and incorporation of all parties feedback into revised versions. Assistance for training delivery of the initial rollout was pursued at length with only one successful option, an IMB supervisor, who is pursuing ANE/TTT mentorship at this time. Other parties had expressed interest but ultimately did not accept or respond. DHI Trainer has two pilot trainings scheduled for January: 1/7-1/8, and 1/11-1/12/16. Update provided to the JCA on December 8, 2015 at the check in meeting. Agreement made that IMB and DDS staff will attend the ANE training. Timeline extension was requested from the JCA at this time for 12/31/16.
S1.3b. All current and new staff in POA CIMS B and the DDS staff must	12/31/15	DHI Trainer	See update above- Timeline extension was requested from the JCA at the December 8, 2015 check in meeting for 12/31/16.

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demonstrate a knowledge and understanding of the training received in S1.3a and S1.3b by passing a formal test.			
S1.3c. All current and new staff listed in POA CIMS B and the DDS staff must receive refresher competency based training on an annual basis.	12/31/15 annually thereafter	<i>DHI Trainer</i>	No refresher competency training can be completed until the training is implemented/completed. Timeline extension was requested from the JCA at the December 8, 2015 check in meeting for 12/31/16.
<i>Safety Objective S1.1.4 ANE is reported immediately.</i>			
S1.4a The DOH must maintain a toll-free 24 hour, 7 days a week, telephone number to receive reports of ANE.	7/2/14	<i>IMB Bureau Chief</i>	The 1 st quarter intake QA review was conducted on 11/2/15 and showed an accuracy rate of 86.66%. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting in regards to other actions needed in order to satisfy this evaluative component. Supporting Documentation: 1 st Quarter Intake QA Report 7-1-15 through 9-30-15 (Bates No. JQR Q1 2016 – 00030-00031)
S1.4b The DOH must communicate to its staff and the providers who have contact with JCMs that ANE of JCMs must be reported immediately.	7/2/14	<i>IMB Bureau Chief</i>	The FY16 ANE Reporting Guide was distributed to all providers in Quarter 1. A Spanish version was also provided. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting. Eva Kutas provided guidance as to possible documentation to submit as evidence of compliance. Supporting Documentation: Kutas ANE Guide FY16 (Bates No. JQR Q1 2016 – 00032-00083), Kutas ANE Guide FY16 Spanish (Bates No. JQR Q1 2016 – 00084-00137)
S1.4c IMB must formally document reports of ANE of JCMs and must take corrective action when ANE is not reported immediately.	7/2/14	<i>IMB Bureau Chief</i>	A new draft IMB Late/Fail policy is in draft, and we have received input from the Provider community. The policy specifies a process to follow for Providers who are out of compliance with the reporting requirements. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting in regards to actions and/or documentation needed in order to satisfy this evaluative component. Supporting Documentation: Draft Late and Failure Policy 8-27-15 (Bates No. JQR Q1 2016 – 00138-00141)
<i>Safety Objective S1.1.5. Providers will take immediate action to develop a safety plan</i>			

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after an allegation of ANE to protect the alleged victim(s) during the course of an investigation.			
S1.5a Providers for JCMs must immediately develop, with IMB approval and monitoring, an Immediate Action and Safety Plan (IASP) in all cases of reported ANE.	7/2/14	<i>IMB Bureau Chief</i>	With the assistance of Eva Kutas and Jodi Simmons we have completed the Investigative report QA tool. The QA tool contains 43 standards to be met for an adequate report. Supporting Documentation: Investigative Report QA Tool (Bates No. JQR Q1 2016 – 00142-00145)
S1.5b The DOH must monitor providers for compliance with IASPs and must take corrective action as needed.	7/2/14	<i>IMB Bureau Chief</i>	IASP compliance is evaluated using the quarterly Intake QA review tool. In the 1 st quarter, IASP compliance was 88%. Two intakes lacked sufficient information to make an adequate assessment of the IASP. Supporting Documentation: 1 st Quarter Intake QA Report 7-1-15 through 9-30-15 (Bates No. JQR Q1 2016 – 00030-00031)
Safety Objective S1.1.6 Severity of the alleged ANE dictates the investigation response.			
S1.6a The DOH must establish a priority of investigation responses consistent with the applicable policy and severity guidelines which requires investigative responses be three hours or less for emergencies, 24 hours or less for Priority 1 incidents, and 5 days or less for Priority 2 incidents.	4/7/14	<i>IMB Bureau Chief</i>	The investigative response times have been established for over a year. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting. Supporting Documentation: FY16 First Quarter Monthly Indicators (Bates No. JQR Q1 2016 – 00146), FY16 Second Quarter Monthly Indicators (Bates No. JQR Q1 2016 – 00147), 1 st Quarter Intake QA Report 7-1-15 through 9-30-15 (Bates No. JQR Q1 2016 – 00030-00031), Intake Procedure for Processing Reports of ANE (Bates No. JQR Q1 2016 – 00148-00155)
Safety Objective S[Kutas]1.2.1 Competent ANE Investigators conduct professionally adequate investigations.			
S2.1a ANE Investigators must pass Core Competency and Field Training before conducting investigations of ANE.	7/2/14	<i>IMB Bureau Chief</i>	All current IMB Investigators have successfully passed Core Competency training. All newly hired IMB Investigators are required to successfully pass the Core Competency training before conducting investigations of ANE. All Core Competency documentation is being collected in a central location for review by Eva Kutas, including Core Comp training evaluations, field tool documentation and

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			remediation activities. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting in regards to possible method of determining compliance with this evaluative component.
S2.1b The JCM Supervisory Review Tool must be used to assess an ANE investigation in every case of ANE.	7/2/14	<i>IMB Bureau Chief</i>	A Supervisory Review tool is used to assess an ANE investigation in every case. The tool is saved in the case file. IMB will continue to use the Supervisory Review tool to assess every investigation of ANE. Every case is reviewed to ensure the Supervisory Review tool was used. No change from previous quarter.
S2.1c ANE investigations must not be closed until they meet the standards of the Supervisory Review Tool, which verifies whether the investigation meets the standard for professionally adequate investigations.	7/2/14	<i>IMB Bureau Chief</i>	Each investigative report is reviewed by a Supervisor using the Supervisory Review Tool. Cases that do not meet the standard for professionally adequate investigations are sent back to the Investigator for additional work. No change from previous quarter.
S2.1d The DOH must review ANE intake and investigation quality, consistent with the Kutas quality indicators, on a quarterly basis.	07/2015 and quarterly thereafter	<i>IMB Bureau Chief</i>	The 1 st quarter Intake QA review was conducted and approved on 11/02/15. The 2 nd quarter Intake QA review will occur in January 2016. An investigative report QA tool was developed and is currently being tested. Supporting Documentation: 1 st Quarter Intake QA Report 7-1-15 through 9-30-15 (Bates No. JQR Q1 2016 – 00030-00031), Investigative Report QA Tool (Bates No. JQR Q1 2016 – 00142-00145)
<i>Safety Objective S[Kutas]1.3.1 Consistent with the IGA (Inter-Governmental Agreement), IMB will be the primary authority for ANE investigations.</i>			
S3.1a The DOH must promulgate administrative rules that delineate the IMB's responsibilities as they relate to the IMB's primary authority to conduct ANE investigations.	7/2/14	<i>IMB Bureau Chief</i>	7.1.14 NMAC
S3.1b The DOH must monitor the provider's compliance with these administrative rules on a quarterly basis and must promptly	10/2014 and quarterly thereafter	<i>IMB Bureau Chief</i>	APS and DHI meet quarterly to discuss cases received by APS which should have been sent to DHI. Based on these meetings, providers can be contacted regarding reporting requirements. Evaluative

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correct any deficiencies.			component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting. Defendants asked for guidance as to what would be needed for evidence in order to submit for disengagement.
Safety Objective S[Kutas]1.4.1 Provide information regarding ANE reports/investigations to designated stakeholders.			
S4.1a The DOH must provide timely information regarding ANE reports, investigations, and findings to JCMs, stakeholders (families, guardians, providers, case managers), and other individuals or staff who need that information to ensure the safety of JCMs.	7/2/14	<i>IMB Bureau Chief</i>	A case closure letter is sent on all closed investigations. If the case is Substantiated, a case closure letter with detailed information about the Substantiated ANE goes to the Provider, Reporter, Guardian, Case Manager and the Accused Person. If the case is Unsubstantiated, the closure letter goes to the same people, but with limited information; that the investigation was Unsubstantiated.
S4.1b The reporter of ANE must receive information from the DOH about the status of the ANE report and any findings.	7/2/14	<i>IMB Bureau Chief</i>	The new database now prompts for a letter to be sent to the Reporter of ANE with information on the results of the investigation.
S4.1c Notification of substantiation of ANE reports must comply with New Mexico Administrative Code 7.1.14.12 (Notification of Investigation Results).	7/2/14	<i>IMB Bureau Chief</i>	See above
Safety Objective S[Kutas]1.5.1 Risk of ANE is reduced when individual/systems issues are identified and prevent[ive] and remedial measures are taken.			
S5.1a When there is substantiated ANE, Defendants must take immediate preventive and remedial action at the individual and provider levels and if indicated at the systems level.	7/2/14	<i>IMB Bureau Chief</i>	Corrective and Preventive Action is required on all Substantiated ANE cases. Corrective and Preventive action plans are discussed between the two divisions in the DHI/DDSD Monthly Quality Management Meetings for all JCM cases. No change from previous quarter. Supporting Documentation: DHI/DDSD Monthly Quality Management Meeting Minutes-uploaded to Filezilla on the 10 th of each month.
S5.1b When there is substantiated ANE, the	7/2/14	<i>IMB Bureau</i>	NMAC 7.26.5.12 requires an IDT meeting under “situations where it

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case manager must ensure that identified health and safety risks for a JCM are addressed and remediated.		<i>Chief</i>	has been determined the individual is a victim of abuse, neglect or exploitation;” No change from previous quarter.
S5.1c Providers and regional office staff must review ANE investigations and findings to determine if responses to substantiated ANE are timely, effective, and sustained.	7/2/14	<i>IMB Bureau Chief</i>	Complete through IMB/DDSD Monthly and Quarterly quality management meetings review of corrective /action plans. JCA and Eva Kutas provided feedback/guidance at December 10, 2015 check in meeting regarding agenda items and preparation prior to the meetings. Supporting Documentation: IMB/DDSD Monthly and Quarterly quality management meeting minutes-produced on the 10 th of each month-uploaded to Filezilla.
S5.1d When there is substantiated ANE, the JCM's IDT must meet as required by NMAC and pertinent information about the ANE investigation and the ANE report must be properly documented, including in the IDT meeting minutes for purposes of reducing and preventing ANE.	7/2/14	<i>IMB Bureau Chief</i>	IDT meetings are required to be provided to IMB on all Substantiated investigations.
<i>meSafety Objective S[Kutas]1.6.1 Use ANE information to improve health/safety.</i>			
S6.1a The DOH must implement the IMB database to identify patterns concerning ANE at the individual, program, and systems levels.	10/31/15-first quarter data collected and reported.	<i>IMB Bureau Chief and DDSD Assistant Regional Office Bureau Chief</i>	The new IMB database is complete and fully live as of 7/27/15. Evaluative component was discussed with the JCA and Eva Kutas at the December 8, 2015 check in meeting in regards to other actions needed in order to satisfy the evaluative component.
S6.1b Quarterly, the DHI and DDSD must examine IMB data and must identify patterns of ANE, indicated, for example, by multiple reports of ANE by providers or JCMs, by substantiated cases of ANE, by use of emergency services in response to ANE, and by out-of-home placements resulting from ANE.	10/31/15-first quarter data collected and reported.	<i>IMB Bureau Chief and DDSD Assistant Regional Office Bureau Chief</i>	The new IMB database is complete and has gone fully live on 7/27/15. The database will enable examination of ANE by multiple reports of ANE by providers or JCMs, by substantiated cases of ANE, by use of emergency services in response to ANE, and by out-of-home placements resulting from ANE. DHI/DDSD Quarterly meetings are ongoing to identify patterns of ANE. Emergency services and out of home placements are analyzed via monthly and quarterly meetings. Systemic interventions are implemented as necessary. The JCA provided feedback to Defendants on December

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			10, 2015 in regards to agenda item topics and meeting preparation. Supporting Documentation: DHI/DDSD Monthly and Quarterly Minutes-produced on the 10 th of each month-uploaded to Filezilla.
S6.1c The DOH must disseminate at least annually, to providers and stakeholders, information about ANE, including patterns of ANE, identified “systems” issues concerning ANE, and identified causes and contributing factors of ANE.	10/31/15-first quarter data collected and reported.	<i>IMB Bureau Chief and DDSD Assistant Regional Office Bureau Chief</i>	See S1.1.2
<i>Safety Objective S2.1 All deaths are reviewed and a root cause analysis is done of preventable deaths. The findings from the root cause analysis will be used to strategically reduce the likelihood of preventable deaths.</i>			
S2.1a Qualified independent healthcare professionals must timely review and report to the Mortality Review Committee (MRC) on all JCM deaths. Relevant administrative personnel must timely report to the MRC and review all JCM deaths.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	These procedures are in place. Revised Policies and Procedures are in the development process and will further strengthen the systematic assessment of mortality review.
S2.1b The DOH must provide autopsy reports and independent healthcare professionals’ reports of JCMs’ deaths to the Mortality Review Committee (MRC), promptly after their receipt that then reviews and analyzes all JCM deaths, and makes findings and recommendations.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	These procedures are in place. Revised Policies and Procedures are in the development process and will further strengthen the systematic assessment of mortality review.
S2.1c The DOH must identify and take appropriate actions in response to the MRC’s	12/31/15-first quarter data	<i>DDSD Medical Director</i>	A mechanism for tracking DOH actions in response to MRC recommendations has been established.

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findings and recommendations.	collected and reported.		No change from previous quarter.
S2.1d The DOH mortality review process must be consistent with the components in the General Accounting Office Mortality Review Report, GAO-08-529, as tailored for New Mexico's population and demographics.	Report issued by 1/31/16	<i>DDSD Medical Director</i>	Procedures are in place that are consistent with the GAO Mortality Review Report.
S2.1e In response to analysis of JCMs' deaths and the mortality review process, in the case of preventable deaths the DOH must identify root causes of the JCM deaths and must remediate identified deficiencies so as to reduce the likelihood of preventable deaths.	12/31/15-first quarter data collected and reported.	<i>DDSD Medical Director</i>	The DDSD Medical Director/Mortality Review Committee (MRC) Chair has implemented a two-stage process for determining the root cause of an individual's death. The first level is for use by the MRC and utilizes the Blum Problem Analysis model for identifying underlying causes and to propose interventions. It began being used by the MRC in October 2015. The second level is based on the Staugaitis model developed for CMS and will be utilized when the situation requires a multidisciplinary team that includes persons outside the MRC (such as agency, health care providers, etc.) to conduct a structured process to elucidate the cause of death and develop recommendations for the MRC. This was presented to the JCA and Eva Kutas at the December 10, 2015 consultation meeting and the JCA indicated Defendants are "on the right track."
Safety Objective S3.1 Establish and use indicators to measure quality of DD [Developmentally Disabled] Services in New Mexico.			
S3.1a The DOH must establish "DD key indicators" at the individual, program, and systems levels that guide programs and services for JCMs.	11/30/15	<i>BSI Bureau Chief and DDSD Deputy Director</i>	DDSD will be utilizing the eight existing key indicators found in the standards. During the December 10, 2015 check in meeting with the JCA, Defendants clarified their understanding that the indicators in S3.1a are the same set of indicators in S5.1a. Supporting Documentation: Letter to the JCA 12-28-15 (Bates No. JQR Q1 2016 – 00006-00007).
S3.1b The DOH must ensure that the DD key indicators are present in the DDW provider agreements, DDW (Developmentally Disabled Waiver) standards, and the QMB (Quality Management Bureau) review tool.	12/31/15	<i>BSI Bureau Chief and DDSD Deputy Director</i>	The eight identified key indicators currently exist in DDW provider agreements, DDW standards and the QMB tool.

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S3.1c Through the use of the CPR, QMB and other JCM data, the DOH will identify and document whether the JCM's preferences and needs, with respect to gaining skills, increasing independence, and participating in integrated community activities are met.	3/31/16-first quarter data collected and reported.	<i>BSI Bureau Chief and DDS Deputy Director</i>	DDSD Managers have had two meetings to discuss the data that will be extracted from various reviews conducted by DOH in order to inform this evaluative component. QMB CM tool, Community-Living tool and DDSD ISP QA Tool were reviewed for data related to preferences, needs with respect to gaining skills, increasing independence and participating in integrated community activities. Next meeting is scheduled for 1/29/16 to review the CPR protocol and Jackson Strike Force data.
S3.1d The DOH and providers must respect a JCM's informed choices for program development and services to meet the JCM's preferences and needs.	3/31/16-first quarter data collected and reported.	<i>BSI Bureau Chief and DDS Deputy Director</i>	DDSD Statewide Case Management Lead has revised the ISP QA tool to include the following question(s): Does the ISP identify the individual's preferences? If yes, does the ISP include services that are consistent with the person's preferences? Supporting Documentation: Revised ISP QA Tool (Bates No. JQR Q1 2016 – 00156-00164)
S3.1e Providers must use information from the DD key indicators, the CPR, and the JCM to promptly correct deficiencies in programs and services and to improve practice.	3/31/16-first quarter data collected and reported.	<i>BSI Bureau Chief and DDS Deputy Director</i>	Key Indicators are integrated into the QMB Survey process. Providers are responsible for correcting their deficiencies identified through the QMB process. CPR-Providers engage in 30-60-90 day follow up in regards to CPR findings and recommendations. Also refer to activities in S3.4 which involves providers utilizing CPR information in their QA/QI processes.
Safety Objective S3.2 Community Practice Reviews are provided by competent personnel as evidenced by reviewers who have passed competency based training.			
S3.2a Community Practice Reviewers must satisfactorily complete mandatory competency-based training as identified by the Community Monitor before independently participating in the CPR.	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	
S3.2b The Community Monitor must approve Community Practice Reviewers and Case Judges.	Completed as per Community Monitor	<i>Community Monitor and JCO</i>	
S3.2c The Community Monitor must determine the CPR sampling methodology,	Completed as per Community	<i>Community Monitor and</i>	

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protocol instrument, reviewers' guidelines, scoring, and evidence used to assess compliance with the elements of the CPR, consistent with related requirements in the JSD (Joint Stipulation on Disengagement)	Monitor	JCO	
Safety Objective S3.3 Implement the CPR.			
S3.3a The DOH must annually conduct the CPR consistent with the Community Monitor's existing sampling methodology, protocol instrument, reviewers' guidelines, scoring, and evidence.	Complete and contract will be established for FY16.	DDSD CPR Lead and JCO	The 2015 year has been completed. CPR was conducted in all regions throughout the year. This included the NE, NW, SE, SW and Metro (3 rounds).
S3.3b The Community Monitor must issue individual, regional, and statewide reports that contain the Community Monitor's findings and recommendations.	Complete and contract will be established for FY16.	DDSD CPR Lead and JCO	All CPR reports were issued by the Community Monitor for each region. The Annual Statewide report was reviewed with DDSD on 12/28/15. Representatives from pertinent program areas were present.
S3.3c The DOH must continue to provide adequate resources to support the implementation of the CPR for purposes of demonstrating sustainability.	Complete and contract will be established for FY16.	DDSD CPR Lead and JCO	FY16 Budget is in place.
Safety Objective S3.4 Use the findings from the CPR to improve services for class members and to improve the system of services for Jackson class members.			
S3.4a DDSD must work with service providers and case management agencies that have "repeat findings" of deficiencies or problems to improve and sustain improvement with respect to the identified deficiencies or problems.	10/31/15-first quarter data collected and reported.	JCO and Regional Office Bureau Chief	DDSD continues to engage in 30-60-90 day follow up with providers related to all findings and recommendations including repeat findings. The Regional Office Follow up on CPR Findings Policy and Procedure was updated in July 2015 and effective August 1, 2015. The DDSD Statewide CPR Lead has played a more active role in reviewing follow up for findings and recommendations in order to address repeat deficiencies. The updated policy and procedure requires all repeat findings and recommendations to be reviewed and closed by the JCO and Regional Office Bureau Chief to ensure systemic issues are identified and remedied through actions taken in S3.4b, S3.4c and S3.4d.

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			Supporting documentation 30 -60-90 day reports submitted to the Community Monitor on the 5 th of every month.
S3.4b The DDS and providers must use the 2013–2015 CPR findings and recommendations.	10/31/15-first quarter data collected and reported.	<i>JCO and Regional Office Bureau Chief</i>	Regional Offices met with Providers (see meeting dates below) and deadlines have been negotiated with each Provider to submit their revised QA /QI plan to the Bureau of Systems Improvement and respective Regional Office for review or any other plan for intervention related to the identified CPR findings related to health and ISP issues as well as any other issues identified for remediation by the Regional Office. 30-60-90 day follow up continues as well as the Jackson Strike Force which uses the last two years of CPR findings and recommendations.
S3.4c DDS must meet with providers that have high health risk-related findings and providers that have the highest number or 2013–2015 CPR findings of deficiencies to improve those providers' services to JCMs.	10/31/15-first quarter data collected and reported.	<i>JCO and Regional Office Bureau Chief</i>	The Regional Offices met with the following Providers with the highest health risk-related findings and Providers that have the highest number of 2013-2014 CPR findings of deficiencies. The Regions have not yet met with Providers for the 2015 CPR because the 2015 Statewide CPR Report is in draft form at this time. NWRO: Tungland (10/21/15), Presbyterian Medical Services (10/21/15), and Dungarvin (10/21/15). NERO: AW Holdings of NM (10/20/15) and Citizens for the Developmentally Disabled (10/22/15). SWRO: Tresco (10/28/15) and PRS (10/29/15). SERO: Leaders (10/28/15), High Desert Family Living Services (10/29/15) and Tobosa (10/30/15). Metro: ARCA (10/19/15), Los Lunas Community Programs (10/22/15), and The New Beginnings (10/27/15). JCO and Regional Office Bureau Chief in the process of reviewing QA/QI plans and or/other agreed upon interventions as well as meeting minutes. Will provide a summary document at the April Jackson Quarterly meeting.
S3.4d Defendants must identify actions taken in response to the 2013–2015 CPR findings and ensure that deficiencies are remedied.	12/31/15-first quarter data collected and reported.	<i>JCO and Regional Office Bureau Chief</i>	Defendants continue to engage in the 30-60-90 day follow up and provide monthly reports to the Community Monitor which identify actions taken in response to the 2013-2015 findings and recommendations. Defendants are also working with the Community Monitor to develop targeted intervention in regards to the 2014 ISP recommendations. Next meeting with the JCA and Community Monitor regarding ISP Strategic planning is scheduled for January 22,

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			2015. S3.4b also outlines interventions at the provider and regional levels. Supporting documentation 30 -60-90 day reports submitted to the Community Monitor on the 5 th of every month.
Safety Objective S3.5 Competency based training is provided based in part on analysis of identified deficiencies from the CPR through the DDS required trainings and to specific entities as appropriate.			
S3.5a DDS must evaluate CPR findings to identify deficiencies in its required competency-based training.	Completed 3/27/15	<i>DDS Training Unit Manager</i>	No change from previous quarter
S3.5b Using its evaluation of CPR findings, the DDS must modify existing competency-based training or must provide additional competency-based training to address identified deficiencies.	Completed 4/29/15	<i>DDS Training Unit Manager</i>	No change from previous quarter
S3.5c When training is needed to address identified deficiencies, competency based training must be provided to address deficiencies.	12/31/15-first quarter data collected and reported.	<i>DDS Training Unit Manager</i>	No data to report at this time. DDS staff met with the Community Monitor to review the Draft 2015 Statewide Report. During that meeting staff requested additional information for analysis.
Safety Objective S3.6 Use information from the CPR in an integrated manner to inform program development and management for class members.			
S3.6a DOH must develop, modify, and manage the service system for JCMs based on identified correlations in the CPR information and other JCM data.	Issue first report by 1/31/16	<i>JCO</i>	Summary Report has been drafted and is in final stages before presentation to senior management and bureau chiefs.
S3.6b DDS must file semi-annual reports identifying program development and implementation.	Issue first report by 1/31/16	<i>JCO</i>	See above
Safety Objective S3.7 Regulatory program reviews are completed by staff who have			

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received and passed competency based training specific to their QMB roles and responsibilities.			
S3.7a DHI/QMB staff must receive competency-based training for evaluating programs that serve JCMs.	7/1/15	<i>QMB Bureau Chief</i>	No update from last quarter.
S3.7b DHI/QMB staff must satisfactorily complete competency-based training before evaluating programs and providers that serve JCMs.	7/1/15	<i>QMB Bureau Chief</i>	QMB has hired 3 new QMB surveyors who are in the process of receiving on the job training. During this last quarter 2 surveyor resigned however positions were posted, interviews conducted and request to hire have been submitted.
<i>Safety Objective S3.8</i> Regulatory review of CM [case management] agencies by the QMB, will include a review of essential services as determined by professional assessments and IDT decisions of individual needs and preferences.			
S3.8a QMB must identify and must review the essential services that should be provided to JCMs, consistent with IDT decisions and determinations by medical professionals, therapists, and nutritional experts.	11/30/15	<i>QMB Bureau Chief</i>	QMB continues to work on modifying the Community Living and Inclusion survey field tools to incorporate the Massachusetts Department of Developmental Services Annual Health Screening Recommendations as well as clearly defining the quality indicators within the tools to better track and trend this. CM tools were modified and are in use.
S3.8b QMB must modify its CM data to reflect the identified essential services for JCMs.	4/15/16	<i>QMB Bureau Chief</i>	FY 16 1 st & 2 nd Quarter (Jul 2015 – Dec 2015) QMB has completed 10 Case Management agency surveys. QMB specific trending will be completed once final reports are distributed and then numbers will be reported. At this time the only barrier is the reporting timeframe. QMB reports will lag for up to 20 days. QMB has 20 working days after the survey to distribute the report of findings.
S3.8c QMB must review CM agencies on an annual basis, using quality indicators consistent with the DDS 2006 Case Management Manual Resource Guide and DDS Service Standards, to ensure essential services are being provided to JCMs.	11/30/15	<i>QMB Bureau Chief</i>	QMB FY 16 survey schedule has been created and finalized. 18 Case Management agencies have been scheduled by QMB for FY 16. As of 12/31/2015 10 of 18 Case Management agencies have been seen by QMB. <i>Please note: technically there are 15 case management agencies, however, QMB counts 18 as three agencies are duplicated surveys as they are in multiple regions and each region is seen separately. As of July 1, 2015 revised case manager tools have been</i>

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			<p><i>used.</i></p> <p>Additionally, during this quarter QMB participated in the data is delightful training provided by the BSI. During this training to providers in all regions QMB also discussed the quality indicators (QI / QA in DDS standards) and the changes to the Case Mgt survey field tools.</p>
<p><i>Safety Objective S4.1 Examine current Quality Assurance and Quality Improvement processes and activities intended to safeguard Jackson Class Members and to improve the quality of provider performance in relation to Jackson Class Members. Take steps to increase transparency, accountability, and effective remediation. Establish measurable indicators that are consistent with the pertinent standards that address the quality of provider performance.</i></p>			
<p>S4.1a Using stakeholder input, DDS will analyze its quality assurance and quality improvement systems and will modify these systems accordingly to improve the quality of services and of provider performance for JCMs.</p>	<p>Report issued by 1/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>Through the use of the ACQ and ADDCP, stakeholder input has been used on various projects. Over the past year the ACQ has been involved in the development of the DDS Scorecard, the DDS Annual Report and the Provider Selection Guide. The ADDCP has also been consulted on the Provider Score Card and the Selection Guide.</p> <p>Supporting Documentation: Copy of Score Card Table (Bates No. JQR Q1 2016 – 00165. Please note this is an Excel document), Score Card Subcommittee Agenda (Bates No. JQR Q1 2016 – 00166), Score Card Subcommittee Sign in Sheet (Bates No. JQR Q1 2016 – 00167)</p>
<p>S4.1b The DOH must annually evaluate the quality of providers' services and must promptly issue "provider report cards" that use measurable indicators to identify strengths, deficiencies, and remediation plans of the providers.</p>	<p>Report issued by 1/31/16</p>	<p><i>BSI Bureau Chief</i></p>	<p>BSI continues to work with QMB and IMB to establish data for the Score Card. IMB recently provided BSI a flat file of IMB data that will aid in the development of the Score Card. JCA provided guidance to BSI Bureau Chief regarding Minnesota Home and Community Based Services Report Card at the October 29, 2015 check in meeting. BSI Bureau Chief reviewed Minnesota information and provided an update to the JCA at the December 8 .2015 meeting as a</p>

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			follow up. Defendants requested a timeline extension at the December 8, 2015 meeting for July 31, 2016.
S4.1c The DOH must allow public access to the provider report cards	1/31/16	<i>BSI Bureau Chief</i>	Provider Report Card is still in process. See updates above. Defendants requested a timeline extension at the December 8, 2015 meeting for July 31, 2016.
S4.1d Clear, current and specific information about available provider services will be available to the public as part of the Provider Selection Guide.	11/30/15	<i>BSI Bureau Chief</i>	The Provider Selection Guide (PSG) is complete and can be accessed at the link provided below. Supporting Documentation: http://actnewmexico.org/provider-selection-guide.html
S4.1e The DOH must review a provider more frequently in cases where there is evidence that the provider has an increased number of deficiencies or increasingly serious deficiencies.	Complete and sustained.	<i>BSI Bureau Chief</i>	QMB currently has a process in place if there are systemic triggers that are identified, QMB will work with the DDS Regional Office and/or the IRC to conduct a focused survey. Supporting Documentation: QMB Operations Manual-provided in last quarterly report documentation production.
<i>Safety Objective S4.2 DOH response is proportionate to the seriousness of the contractor's alleged substandard performance when corrective action is not effectively implemented.</i>			
S4.2a Defendants must identify a provider's deficiencies in cases where the contractor failed to effectively implement corrective action.	7/31/15	<i>IRC Chair</i>	Next review to take place for IRC cases from March 2015-present.
S4.2b Defendants must take remedial action proportional to the seriousness of the substandard performance by a provider that fails to effectively implement an identified corrective action.	Report issued by 1/31/16	<i>IRC Chair</i>	See above.
<i>Safety Objective S5.1 Providers will use the identified performance indicators as part of their agency quality assurance system to improve quality.</i>			
S5.1a The DOH must establish measurable	11/30/15	<i>QMB Bureau</i>	QMB continues to complete surveys of Case Management,

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quality indicators, including (1) implementation of a QA/QI (Quality Assurance/Quality Improvement) Plan, (2) implementation of ISPs, (3) analysis of General Events Reports data, (4) compliance with Caregivers Criminal History Screening requirements, (5) compliance with Employee Abuse Registry requirements, (6) compliance with DDS training requirements, (7) patterns of reporting incidents, and (8) results of improvement actions taken in previous quarters, at the individual, program, and systems levels.		<i>Chief</i>	Community Living and Inclusion surveys. In FY 16 Q1 (Jul – Sept) QMB completed 25 surveys. In FY 16 Q2 (Oct – Dec) QMB completed 21 surveys. All the quality indicators (as listed in the evaluative component) are part of the survey process as each area is reviewed with regards to standards and requirements. It is also part of the agency’s QA / QI Plan. Each quarter these will be tracked in the QMB specific trends. Additionally, during this quarter QMB participated in the data is delightful training provided by the BSI to all Case Mgt, Community Living and Inclusion Service Providers. During this training to providers in all regions QMB also discussed the quality indicators (QI / QA in DDS standards) and the changes to the Case Mgt survey field tools and upcoming changes to CL & IS tools. Included in the training was a presentation regarding tag 1A03 Quality Improvement / Quality Assurance and compliance rates for FY 15.
S5.1b The DOH must communicate these required measurable quality indicators to providers.	12/31/15	<i>QMB Bureau Chief</i>	During QMB surveys survey process training and the initial survey entrance meeting, expectations are explained to providers. Established Indicators are also found in DDW Standards and Provider Agreements.
S5.1c Providers must use the required measurable quality indicators to improve the quality of their services to JCMs.	1/31/16	<i>QMB Bureau Chief</i>	All agencies receiving a survey must complete a Plan of Correction process in order to improve their process on an individual level, as well as on as agency systemic level. Additionally this quarter QMB revised the POC process to assist agencies in reducing deficiencies. Revised process goes effective 1/1/2016.
S5.1d The DOH must determine providers’ compliance in using the measurable quality indicators through the use of QMB surveys.	4/30/16-first data collected and reported.	<i>QMB Bureau Chief</i>	QMB has completed 46 surveys in FY 16 (Jul 2015 – Dec 2015). Once all surveys are distributed these will be tracked and trended. Of those distributed 26 have been in Compliance with Conditions of Participation; 16 have been in Partial Compliance and 2 have been in Non-Compliance. Not until all trending is completed will QMB be able to give summarized data on this area. Note that providers can have multiple deficiencies and still be in compliance however, having conditions of participation deficiencies whether it be 1 or multiple can lead to other compliance determinations. A Condition of Participation (CoP) is an identified fundamental regulation, standard,

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			or policy with which a provider must be in compliance in order to ensure the health and welfare of individuals served. CoPs are based on the Centers for Medicare and Medicaid Services, Home and Community-Based Waiver required assurances. The QMB survey team analyzes the relevant finding in terms of scope, actual harm or potential for harm, unique situations, patterns of performance, and other factors to determine if there is the potential for a negative outcome which would rise to the level of a CoP
Safety Objective S5.2 Use significant events reported through GER (General Events Reporting)-- including use of emergency services, falls, medication errors, and law enforcement incidents -- to support DD system management, that includes responses to significant events.			
S5.2a Defendants must use the GER information to identify the JCMs most at risk, to inform providers and regional staff of JCMs most at risk, and to request the development and implementation of prevention plans specific to a JCM's identified risks.	12/31/15	<i>DDSD Deputy Director</i>	Significant Events Committee met October 27, 2015. Leadership has been transferred from Janet Simons to DDSD BSI. Next meeting is scheduled for January 26, 2016.
S5.2b Defendants must provide DDSQI with significant event information found in electronic reporting through Therap GER for use by members of the joint DDSD and DHI Significant Events Committee in program development and improvement.	10/31/15-first data collected and reported.	<i>DDSD Deputy Director</i>	DDSQI is currently in the process of re-design, however Therap data will continue to be analyzed through Significant Events committee and presented to DDSQI to inform program development.
S5.2c The DOH must (1) analyze significant event information, (2) identify trends in provider performance, (3) intervene, and evaluate the effectiveness of the intervention.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	See above
Safety Objective S5.3 Implement a responsive and effective case management system as evidenced by the provision of			

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needed supports and services.			
S5.3a Case managers must demonstrate that they know the current strengths, needs, preferences, and medical conditions of each JCM they serve and the JCM's ISP must address these factors.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDS CM Lead</i>	QMB: From 7/1/2015 - 12/31/2015 10 case management surveys have been conducted by QMB as of this date no case manager competency issues have been identified. Discussed at the December 10, 2015 check in meeting with the JCA. JCA gave guidance in regards to a 6 month review of the revised CM tool to determine whether the tool is measuring all quality indicators.
S5.3b Case Managers must ensure that each JCM's ISP is properly implemented.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDS CM Lead</i>	<p>QMB: Of the 10 QMB surveys completed, 10 reports have been distributed. Of those, 3 have had findings in regards to monitoring of services as it relates to not completing the monthly case notes or lack of evidence of face to face visits being completed as required.</p> <p>ISPQA tool has been written and reviewed. 2015. DDS Regional CM Coordinators gave feedback in October, 2015. Written instructions are being finalized.</p> <p>CM Monitoring results continue to be monitored using existing Site Visit and ISPQA tools.</p> <p>Supporting Documentation: CM Site Visit Form (Bates No. JQR Q1 2016 – 00168-00173), RO Site Visit Monitoring tool (Bates No. JQR Q1 2016 – 00174-00177).</p>
S5.3c Case Managers must identify significant risks, needed supports, and unmet needs for each JCM; must convene the IDT promptly whenever a JCM is at risk or a JCM's needs are not being fully addressed; must ensure DOH if the IDT is unable to adequately meet a JCM's needs.	1/31/16-first data collected and reported.	<i>QMB Bureau Chief and DDS CM Lead</i>	<p>NMAC 7.26.5.12</p> <p>H. The IDT shall be convened to discuss and modify the ISP, as needed, to address:</p> <ul style="list-style-type: none"> (1) a significant life change, including a change in medical condition or medication that affects the individual's behavior or emotional state; (2) situations where an individual is at risk of significant harm. In this case the team shall convene within one working day, in person or by teleconference; if necessary, the ISP shall be modified accordingly within seventy-two (72) hours; (3) changes in any desired outcomes, (e.g. desired outcome is not met, a change in vocational goals or the loss of a job); (4) the loss or death of a significant person to the individual; (5) a serious accident, illness, injury or hospitalization that disrupts implementation of the ISP;

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			<p>(6) individual, guardian or provider requests for a program change or relocation, or when a termination of a service is proposed; the DDSD's policy no. 150 requires the IDT to meet and develop a transition plan whenever an individual is at risk of discharge by the provider agency or anticipates a change of provider agency to identify strategies and resources needed; if the individual or guardian is requesting a discharge or a change of provider agency, or there is an impending change in housemates the team must meet to develop a transition plan;</p> <p>(7) situations where it has been determined the individual is a victim of abuse, neglect or exploitation;</p> <p>(8) criminal justice involvement on the part of the individual (e.g., arrest, incarceration, release, probation, parole);</p> <p>(9) any member of the IDT may also request that the team be convened by contacting the case manager; the case manager shall convene the team within ten (10) days of receipt of any reasonable request to convene the team, either in person or through teleconference;</p> <p>(10) for any other reason that is in the best interest of the individual, or any other reason deemed appropriate, including development, integration or provision of services that are inconsistent or in conflict with the desired outcomes of the ISP and the long term vision of the individual;</p> <p>(11) whenever the DDSD decides not to approve implementation of an ISP because of cost or because the DDSD believes the ISP fails to satisfy constitutional, regulatory or statutory requirements.</p> <p>QMB: Of case management agencies surveyed as of 12/31/2015 there have been no issues found in this area, as it related to IDT being convened.</p>
S5.3d The DOH must monitor and evaluate the performance of each case management agency on an annual basis and must use its evaluation to determine whether the case management agency should be enrolled as a DD Waiver provider.	Report issued by 1/31/16	<i>QMB Bureau Chief and DDSD CM Lead</i>	<p>QMB: As of 12/31/2015 10 of 18 Case Management agencies have been seen by QMB. <i>Please note Technically there are 15 total case management agencies however, QMB counts 18 as 3 agencies are duplicated surveys as they are in multiple regions and each region is seen separately.</i> At this point there are no barriers identified. Discussed at the December 10, 2015 check in meeting with the JCA. JCA gave guidance in regards to a 6 month review of the revised CM tool to determine whether the tool is measuring all quality indicators.</p>
<i>Safety Objective S5.4 Develop and implement an effective, integrated DD</i>			

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Strategic Information Management System.			
S5.4a The DOH must evaluate its information management system's ability to use information related to JCMs in an integrated manner.	11/30/15	<i>BSI Bureau Chief</i>	The data hub drive has been established and all pertinent DDSD Bureaus are in the process of being given access. The data hub drive will house DDSD data collected by the various units and Bureaus. Jackson specific data will also be housed on the shared drive. The data hub shared drive provides a centralized location for various program areas to access and utilize various data sets in their work. Data hub meetings continue. Last meeting was held on October 21, 2015.
S5.4b The DOH must ensure that the "ad-hoc reports pulled from HSD's MMIS" are available from DDSD.	12/31/15	<i>BSI Bureau Chief</i>	DDSD has taken over all HSD ad-hoc reporting.
S5.4c Defendants must evaluate the usefulness and gaps in the above described data collection system and must modify or update the system where practicable.	Report issued by 4/30/16	<i>BSI Bureau Chief</i>	See above
SUPPORTED EMPLOYMENT PLAN			
<i>Supported Employment Objective SE 1.1</i> Achieve an annual increase of Jackson Class Members working "at criteria," in accordance with information gathered regarding the Jackson Class Members' abilities and desires to be employed, and the guardians' positions on employment of the Jackson Class Members. Defendants must provide technical, supported employment assistance to the Jackson Class Members and support for teams to assist all qualified and willing Jackson Class Members to obtain "at criteria" employment.			
SE1.1a Defendants must obtain current statistics on JCMs who are not working at criteria, but who wish to work and are	10/31/15-first data collected and reported.	<i>DDSD Supported Employment</i>	Supporting Documentation: Jackson Class Members who Have a Desire to Work and Are Not Working FY16 Q1 (Bates No. JQR Q1 2016 – 00178-00184) and "Jackson Class Members who Have a

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capable of working at criteria, provided the JCMs' guardians support working at criteria.		<i>Lead</i>	Desire to Work and Are Not Working FY16 Q2 " (Bates No. JQR Q1 2016 – 00185-00190).
SE1.1b Defendants must provide technical vocational assistance and support through job developers and job coaches for all JCMs identified in SE1.1a.	10/31/15-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Technical assistance documentation was collected from the Community Inclusion Coordinators. Supporting Documentation: "Technical Assistance for Jackson Class Members FY16 Q1" (Bates No. JQR Q1 2016 – 00191-195).
SE1.1c Defendants must achieve an annual increase in the number of JCMs working at criteria, consistent with SE1.1a.	1/31/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	The "Narrow the Group" audit is in process. All JCMs will be classified as Working, Retired, Retired – Does Not Meet Criteria, Medical Concerns, or Target for Follow Up. Defendants have also engaged in informal consultation with the JCA regarding a process to ensure informed choice. At December 8, 2015 check in meeting with the JCA, the JCA presented her proposal of how to approach JCM's and their guardians about ensuring that JCM's were given informed choice about employment. Defendants offered an alternative proposal to the JCA and are in the process of refining their plan.
SE1.1d Defendants must provide technical assistance to JCMs and their teams to obtain jobs for JCMs consistent with the federal definition of Supported Employment.	1/31/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Technical assistance documentation was collected from the Community Inclusion Coordinators. Supporting Documentation: "Technical Assistance for Jackson Class Members FY16 Q1" (Bates No. JQR Q1 2016 – 00191-195).
Supported Employment Objective SE 1.2 Defendants will increase the number of qualified providers statewide in order to increase the number of Jackson Class Members earning minimum wage or better, and to increase the average number of hours per week worked by Jackson Class Members. Defendants will develop a plan with time lines to provide quality supported employment at criteria to all priority class members who are determined to be appropriate for work.			
SE1.2a Defendants must develop a written strategy and process to recruit and retain qualified employment providers for all JCMs	9/30/15	<i>DDSD Deputy Director</i>	Defendants developed a tracking mechanism to collect data from providers which will inform whether the provider meets the agreed upon definition of qualified employment provider. At the December

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who wish to and are able to work at criteria, with their guardians' consent.			8, 2015 check in meeting with the JCA. Defendants, in consultation with the JCA, developed quality indicators for employment providers: How many people at the employment agency are working, how many people at the employment agency are working in integrated settings, how many people at the employment agency are earning minimum wage or better, how long are individuals in job development? This same definition will be used for SE1.2, SE2.1, SE2.4, SE2.6, SE2.9 SE2.10, and SE2.11. Defendants are currently collecting this data from providers. Supporting Documentation: SELN Spreadsheet template (Bates No. JQR Q1 2016 – 00196).
SE1.2b Defendants must provide a current written list of qualified employment providers to JCMs and their guardians.	9/30/15	<i>DDSD Deputy Director</i>	Secondary Freedom of Choice forms currently list all qualified employment providers in the state. New providers Advantage Communications and Ability First have been approved and are now on the FOC for employment. http://archive.nmhealth.org/sfoc/
SE1.2c Defendants must use the list of qualified employment providers to increase the number of JCMs earning minimum wage or better and to increase the number of hours per week worked by JCMs.	9/30/15	<i>DDSD Deputy Director</i>	The “Narrow the Group” audit is in process. All JCMs will be classified as Working, Retired, Retired – Does Not Meet Criteria, Medical Concerns, or Target for Follow Up. This process was presented to the JCA and Community Monitor on December 16, 2015 and involves a re-review of the 200+ individuals found to not desire work during the first round of the Jackson Strike Force.
SE1.2d Defendants must create and must disseminate a timeline with target dates for the employment at criteria of all JCMs who wish to work, who can work, and who have the consent of the guardians to work at criteria.	10/31/15	<i>DDSD Deputy Director</i>	See SE1.1a
SE1.2e Defendants must maintain and must report annual statistics on the number of (1) JCMs who wish to work at criteria, (2) JCMs who can work at criteria with their guardians' consent, and (3) JCMs who are working at criteria. Defendants must correlate these	12/31/15	<i>DDSD Deputy Director</i>	See SE1.1a and SE1.2c Defendants engaged in a 100% review of Jackson class members in regards to their desire to work and their guardians consent. The current “Narrow the Group” initiative outlined in SE1.2c is the second round review of the Jackson Strike Force and data will be compiled once this review is complete.

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annual statistics with the target dates in the timeline.			
Supported Employment Objective SE 1.3 Personnel who develop or implement career development plans will receive and pass competency based training based on DDW standards on career development planning.			
SE1.3a Defendants must develop competency based training on DDW standards for career development planning.	12/31/15	<i>DDSD Deputy Director</i>	DDSD Supported Employment Lead and PFE have developed a career development training which will be piloted starting January 2016. Competency based portion of this training is still in development and will be refined via the pilot process.
SE1.3b Personnel must have satisfactorily passed competency based training on DDW standards for career development planning before providing career development planning to JCMs and their guardians.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	No data to report at this time.
Supported Employment Objective SE 1.4 Increase capacity to create traditional and non-traditional paths to employment.			
SE1.4a The DDSD Deputy Director must develop an approved action plan to deploy an SE expert or experts to work with qualified employment providers to increase the number of traditional and non-traditional employment opportunities for JCMs to work at criteria.	7/31/15	<i>DDSD Deputy Director</i>	Supporting Documentation: Trial Work Experience Grant Program Participation as of 9.30.2015 Report, (Bates No. JQR Q1 2016 – 00197) and Trial Work Experience Grant Program Participation as of 12.29.15 Report (Bates No. JQR Q1 2016 – 00198-00199).
SE1.4b Defendants, through Partners for Employment, must deliver customized employment training to qualified employment providers in reference to employment of JCMs at criteria.	10/31/15	<i>DDSD Deputy Director</i>	Supporting Documentation: 2015 and 2016 PFE Training and Event Calendar (Bates No. JQR Q1 2016 – 00200-00201).
SE1.4c Defendants must use funding available through the IGA for the development of JCMs' vocational assessment	Complete in FY15. Negotiation	<i>DDSD Deputy Director</i>	Defendants have rescinded the VAP policy and provided guidance to the field in regards to the acceptable elements of a person centered assessment.

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profiles (VAPs).	underway for FY 16.		Supporting Documentation: Director's Release VAP Policy Rescission (Bates No. JQR Q1 2016 – 00202-00203), Person Centered Assessment Guidance (Bates No. JQR Q1 2016 – 00204-00206).and Person Centered Assessment Example (Bates No. JQR Q1 2016 – 00207-00209).
SE1.4d Defendants must demonstrate through annual statistics that they have increased the capacity to provide traditional and non-traditional paths for employment of JCMs at criteria.	1/31/16-first data collected and reported.	<i>DDSD Deputy Director</i>	See SE1.2a
<i>Supported Employment Objective SE 1.5</i> Individual records (including ISPs) of Jackson Class Members will contain accurate employment plans that include information about the Jackson Class Members' desires to work, the Jackson Class Members' skills for existing jobs, and whether the guardians want the Jackson Class Members to work.			
SE1.5a Defendants, through appropriately trained personnel, must update each JCM's ISP with a current and accurate employment plan, including information about the JCM's employment goals and whether the JCM wishes to work, has skills for existing work, seeks traditional or nontraditional work, and has the guardian's consent to work.	4/30/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	See SE1.2c
<i>Supported Employment Objective SE 1.6</i> When there is a change in an individual's life that impacts their employment status, the team will meet within 10 days and take action to minimize the disruption to the class member's employment.			
SE1.6a Defendants must have a system in place to minimize the disruption to a JCM's	9/30/15	<i>DDSD Supported</i>	Supporting Documentation: "Guidelines to Minimize Disruption from Life Changes for a Jackson Class Member 9.30.15" (Bates No.

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employment when a JCM suffers a “life change” (hospitalization, significant health status change, relocation to another city, loss of employment).		<i>Employment Lead</i>	JQR Q1 2016 – 00210-00211)
SE1.6b Defendants must promptly document any life change for a JCM in appropriate forms, including Case Management Site Visit Forms and IDT Meeting minutes.	9/30/15	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Initial Report “Monitoring and Responding to Life Changes for Jackson Class Members” (Bates No. JQR Q1 2016 – 00212-00214). This report was compiled from Strike Force data. “FY16 Q2 Monitoring and Responding to Life Changes for Jackson Class Members” (Bates No. JQR Q1 2016 – 00215)
SE1.6c The JCM’s team must meet within ten (10) days of a JCM’s life change to take appropriate actions to minimize a disruption in the JCM’s employment.	10/31/15	<i>DDSD Supported Employment Lead</i>	This requires a Director’s Release as it is a change in practice. Release is in final stages. Supporting Documentation: “FY16 Q2 Monitoring and Responding to Life Changes for Jackson Class Members” (Bates No. JQR Q1 2016 – 00215)
Supported Employment Objective SE2.1 Qualified regional providers will be available in each region for each individual seeking employment.			
SE2.1a Defendants must develop a process to produce a list of qualified employment providers in all regions of the State for JCMs who seek employment.	9/30/15	<i>DDSD Deputy Director</i>	See SE1.2a
SE2.1b Defendants must create written standards that qualified employment providers must meet, including standards addressing employment goals for JCMs.	9/30/15	<i>DDSD Deputy Director</i>	Chapter 5 Community Inclusion Service Standards exist. See SE1.2a regarding process to determine qualified providers. SE1.4c regarding revision to standards.
SE2.1c Qualified employment providers that do not meet Defendants’ standards must be placed on probation for a period not to exceed six (6) months. If a qualified employment provider does not meet Defendants’ standards by the end of the probationary period, Defendants must eliminate that employment provider from the	12/31/15	<i>DDSD Deputy Director</i>	Data obtained from SE1.2a will be used to determine quality of the provider. Defendants are in the process of analyzing data related to the identified quality indicators as it comes in.

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list.			
SE2.1d Defendants must ensure that JCMs in every region of the State have some choice of qualified employment providers. Defendants need not provide qualified employment providers in regions of the State where there are no JCMs who seek employment.	12/31/15	<i>DDSD Deputy Director</i>	Data obtained from SE1.2a will be used to determine quality of the provider. Defendants are in the process of analyzing data related to the identified quality indicators as it comes in.
<i>Supported Employment Objective SE2.2</i> Defendants will implement the Employment First Policy that explicitly sets forth the role and importance of employment, as well as expectations for employment, in a Jackson Class Member's life.			
SE2.2a The DOH must develop and must implement an Employment First Policy consistent with professionally accepted standards of practice that apply to a JCM.	9/30/15	<i>DDSD Supported Employment Lead</i>	Defendants have informally consulted with the JCA regarding the need for an internal policy regarding Employment First due to this information currently existing in the DDW Standards. Defendants plan to seek further clarification from the JCA regarding the evaluative components related to Employment First.
SE2.2b The Employment First Policy must set forth in writing the role and importance of employment for a JCM and a JCM's expectation of employment.	9/30/15	<i>DDSD Supported Employment Lead</i>	See above
SE2.2c The DOH must make available to a JCM and the JCM's family and guardian information on how to obtain vocational assistance, vocational assessment, assistance for non-traditional employment, and DVR services.	12/31/15	<i>DDSD Supported Employment Lead</i>	See SE1.4c regarding Director's Release. DDSD Supported Employment Lead drafted a memo to the field which includes the information outlined in this evaluative component. Supporting Documentation: Letter promoting RORI use and info about vocational assistance 1.15.16 (Bates No. JQR Q1 2016 – 00362-00363).
<i>Supported Employment Objective SE2.3</i> Clarify what the employment first principle means in terms of day-to-day practice for all stakeholders (people with			

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disabilities, family members, providers, guardians, advocates, case managers, DDS, DVR, Partners for Employment).			
SE2.3a Defendants must communicate to stakeholders, including pertinent agency personnel, the meaning of New Mexico's Employment First Policy as it relates to day-to-day practice and assistance to JCMs and their guardians.	9/30/15	<i>DDSD Supported Employment Lead</i>	This EC is contingent on SE 2.2a being completed.
SE2.3b Defendants must communicate information about New Mexico's Employment First Policy through formal training sessions, delivery of written materials, or other outreach efforts.	12/31/15	<i>DDSD Supported Employment Lead</i>	This EC is contingent on SE 2.2a being completed.
SE2.3c Defendants must use the proposed Communication Matrix—which contains columns indicating audience size, frequency of event, method of communication, key message delivered, and date of communication—to identify communications about New Mexico's Employment First Policy.	12/31/15	<i>DDSD Supported Employment Lead</i>	This EC is contingent on SE 2.2a being completed.
<i>Supported Employment Objective SE2.4</i> Identify quality employment providers based on employment outcome data.			
SE2.4a Defendants must measure qualified employment providers through employment outcome data that includes each JCM's name, start and end date of each job, employer of record, wages earned, hours worked, and summary of qualified employment providers' assistance.	9/30/15	<i>DDSD Deputy Director</i>	See SE1.2a
<i>Supported Employment Objective SE2.5</i> Review CPR and other employment data. Analyze data and use the resulting			

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information annually to help make improvements to the employment system and improve provider performance.			
SE2.5a Defendants, in consultation with the Jackson Employment Expert, must maintain and must analyze current employment data and the CPR.	12/31/15	<i>DDSD Deputy Director</i>	2015 CPR Statewide Annual Report has been produced by the Community Monitor and presented to DDSD on December 28, 2015. Recommendations related to employment will be utilized in the Narrow the Group process outlined in SE1.1c.
SE2.5b Defendants, through the Statewide Supported Employment Lead will use the resulting information to enhance employment outcomes for individual JCMs and the employment system.	12/31/15	<i>DDSD Deputy Director</i>	See status above.
<i>Supported Employment Objective SE2.6</i> Increase the number of qualified providers statewide. Qualified providers are defined as those that get people jobs in the community, maintain jobs and help individuals with career advancement.	No need for evaluative component per court order. Component Manager is DDSD Deputy Director. See SE1.2a		
<i>Supported Employment Objective SE2.7</i> CMs will demonstrate competence in facilitating IDTs regarding employment outcomes for class members. Competence will be demonstrated by passing competency based training regarding DOH employment policies.			
SE2.7a DOH, in consultation with the Jackson Employment Expert, must provide competency-based training for all JCM case managers.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	No data at this time.
SE2.7b DOH must identify JCM case managers who have not passed the competency-based training and must take appropriate actions until the case managers are successful.	4/30/16-first data collected and reported.	<i>DDSD Deputy Director</i>	No data at this time.
<i>Supported Employment Objective SE2.8</i>			

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<p>DOH will disseminate information to CM[s], Providers and IDTs regarding strategies for overcoming identified barriers to employment and will promote use of the RORI system by CMs, providers and IDTs to seek assistance from DOH when they encounter obstacles related to employment. DOH will review and use the information from the RORIs at least annually.</p>			
<p>SE2.8a The DOH must collect annual data and information useful in identifying barriers to employment and in developing strategies for overcoming barriers to employment for JCMs. The data and information may include CPRs, RORIs, and input from JCMs, JCMs' families and guardians, case managers, providers, DDS personnel, DVR personnel, and advocates.</p>	<p style="text-align: center;">12/31/15</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>UNM Anderson School of Management presented about the barriers to employment at the Customized Employment Symposium on August 31-September 1, 2015. Defendants are currently engaged in a "Narrow the Group" process which was presented to the JCA and Community Monitor on December 16, 2015. This process involves a re-review of the 200+ individuals found to not desire work during the first round of the Jackson Strike Force. Individuals in this group, are reviewed to determine whether they meet criteria to be re-approached for work. Once the new target group of individuals are identified, See SE1.1c. Defendants will identify any barriers to employment and work with the appropriate party (DVR, employment provider, etc.) to develop strategies for overcoming any barriers.</p> <p>Supporting Documentation: UNM Anderson School of Management and CDD Presentation (Bates No. JQR Q1 2016 – 00216-00252)</p>
<p>SE2.8b The DOH must disseminate the information addressed in SE2.8a to case managers, providers, JCMs, guardians, and IDTs.</p>	<p style="text-align: center;">12/31/15</p>	<p style="text-align: center;"><i>DDSD Supported Employment Lead</i></p>	<p>Jackson Strike Force data reveals no RORI's filed during the last Quarter related to barriers for employment. DDS Supported Employment Lead has drafted a memo to the individuals identified in the evaluative component related to promoting the use of the RORI system regarding employment barriers.</p> <p>Supporting Documentation: SE 2.2c</p>

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SE2.8c The DOH must collect RORI information on an annual basis and must promote RORI use to identify barriers that JCMs encounter in obtaining employment.	10/31/15	<i>DDSD Supported Employment Lead</i>	See status update above
<i>Supported Employment Objective SE2.9</i> Qualified employment providers have capacity to do individualized job development.			
SE2.9a Defendants must provide adequate training for providers that are unable to perform the individualized job development.	4/30/16	<i>DDSD Deputy Director</i>	See SE1.4b regarding PFE Training Calendar
<i>Supported Employment Objective SE2.10</i> Qualified employment providers have the capacity to provide individualized job supports to JCMs.			
SE2.10a For JCM's who need job supports, Defendants will ensure qualified supported employment providers can supply the required job supports.	9/30/15-first data collected and reported.	<i>DDSD Deputy Director</i>	See SE1.2c process. Defendants will work with providers in regards to any needed job supports.
<i>Supported Employment Objective SE2.11</i> Provider agencies use outcome data to improve practice.			
SE2.11a Defendants must identify outcome data related to employment of JCMs that will assist provider agencies to improve their services to JCMs. That data may include information concerning provider agencies that are successfully developing jobs for JCMs at criteria or above criteria, provider agencies that are successfully supporting JCMs in maintaining community based jobs at criteria or above criteria, and provider agencies that are enabling JCMs to work more hours, receive higher wages, and obtain greater levels of social integration.	1/31/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	At the December 8, 2015 check in meeting with the JCA. Defendants, in consultation with the JCA, developed quality indicators for employment providers: How many people at the employment agency are working, how many people at the employment agency are working in integrated settings, how many people at the employment agency are earning minimum wage or better, how long are individuals in job development? This same definition will be used for SE1.2, SE2.1, SE2.4, SE2.6, SE2.9 and SE2.10. Defendants are currently collecting this data from providers.

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SE2.11b Defendants must disseminate to provider agencies annual outcome data that Defendants deem helpful for use by provider agencies to improve services to JCMs.	1/31/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Defendants have collected two quarters worth of this data at this time. An annual summary will be produced after Defendants collect a years worth of this data.
SE2.11c Provider agencies must use “the required QA/QI agency plan in regards to ISP implementation specific to Supported Employment.”	4/30/16	<i>DDSD Supported Employment Lead</i>	See status above.
<i>Supported Employment Objective SE3.1</i> Defendants will inform employment providers where to refer Jackson Class Members for a complete, person-centered vocational assessment, and employment providers will understand the requisite elements of a person-centered vocational assessment as defined by Defendants.			
SE3.1a Defendants must identify appropriate tools, e.g., the “Assessment Toolkit,” for employment providers, including information about where to refer JCMs for a complete person-centered vocational assessment.	9/30/15	<i>DDSD Deputy Director</i>	Defendants requested this as an agenda item on the December 8, 2015 consultation/check in meeting with the JCA. The topic was not discussed until the December 10, 2015 check in meeting. Defendants asked for guidance in regards to meeting this objective as the Assessment “Toolkit” is no longer Defendants’ method of informing the field about person-centered assessments. During this meeting, the JCA stated that the use of the essential elements of an assessment and informed choice would help to meet the requirement of this Objective and evaluative components. Therefore please refer to SE1.4 supporting documentation regarding VAP rescission and guidance on the elements of an effective person centered assessment.
SE3.1b Defendants must develop training on how to use the Assessment Toolkit, and DDSD Supported Employment Coordinators and other pertinent staff must receive that training.	9/30/15	<i>DDSD Deputy Director</i>	See status above
SE3.1c Defendants must provide training to employment providers on how to use the Assessment Toolkit.	9/30/15	<i>DDSD Deputy Director</i>	See status above

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SE3.1d Defendants must inform employment providers that they may schedule follow-up meetings with Defendants about the use of the Assessment Toolkit.	9/30/15	<i>DDSD Deputy Director</i>	See status above
<i>Supported Employment Objective SE3.2</i> IDTs are informed about the importance of accommodations to increase independent performance in the workplace.			
SE3.2a IDTs, case managers, and qualified employment providers must complete competency based training regarding the importance of accommodations, supports, and assistive technology for a JCM so as to maximize a JCM's independent performance in the workplace.	4/30/16	<i>DDSD Supported Employment Lead</i>	No update at this time
SE3.2b IDTs, case managers, and qualified employment providers must understand, through training and written communications, the availability of accommodations, supports, and assistive technology for use by a JCM in the workplace.	4/30/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	No update at this time in regards to development of competency based training, however see supporting documentation of SE3.2c in regards to actions taken.
SE3.2c Defendants must document the transmittal of information about the importance of accommodations and supports for a JCM to IDTs, case managers, and qualified employment providers.	7/31/15	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Importance of Accommodations and Supports-Summary report of actions taken to satisfy evaluative component (Bates No. JQR Q1 2016 – 00253)
<i>Supported Employment Objective SE3.3</i> Use the statewide employment institute to provide training and technical assistance to the field to advance employment opportunities for class members.			
SE3.3a The DOH and University of New Mexico must have a formal agreement that	7/1/15	<i>DDSD Supported</i>	Supporting Documentation: FY16 Contract (Bates No. JQR Q1 2016 – 00254-00263)

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requires Partners for Employment to respond to requests for employment information and consultation.		<i>Employment Lead</i>	
SE3.3b Partners for Employment must provide training, technical assistance, information, and support to employment providers, JCMs and their families and guardians, and the IDTs in order to advance employment opportunities for JCMs.	9/30/15-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: PFE October and November 2015 monthly reports summarizing activities (Bates No. JQR Q1 2016 – 00264-00272)
SE3.3c Defendants must report quarterly the requests for information about employment, training, technical assistance, consultation, and support made to Partners for Employment that it provided regarding JCMs.	9/30/15-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: PFE Activities for FY16 Q1 (Bates No. JQR Q1 2016 – 00273-00280)
SE3.3d Defendants quarterly reports must disclose Partner's for Employment's success in assisting the advancement of employment opportunities for JCMs. When feasible, the reports will include quantitative information.	9/30/15-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: PFE Activities for FY16 Q1 (Bates No. JQR Q1 2016 – 00273-00280)
<i>Supported Employment Objective SE3.4</i> DDSD will provide technical assistance to teams as requested for individuals whom they support to access employment opportunities.			
SE3.4a DDSD must identify necessary technical assistance and information to provide to IDTs and JCMs and their guardians for purposes of responding to JCMs' employment inquiries and issues.	7/31/15	<i>DDSD Supported Employment Lead</i>	A list of DVR Supported Employment Liaisons was uploaded to www.ActNewMexico.org . See SE2.8 in regards to drafting memo promoting RORI use. Information about available technical assistance is included in this memo.
SE3.4b DDSD must respond to inquiries about employment opportunities and provide appropriate job-related technical assistance and information that may include job coaching, mentoring, and problem solving to	9/30/15-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Technical Assistance for Jackson Class Members FY16 Q1 (Bates No. JQR Q1 2016 – 00191-00195), PFE Activities for FY16 Q1 (Bates No. JQR Q1 2016 – 00273-00280)

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IDTs and JCMs and their guardians.			
Supported Employment Objective SE3.5 Defendants, through UNM/CDD Partners for Employment will provide training for people with disabilities, family members, providers, guardians, advocates, case managers, DDS and DVR consistent with the Employment First Principle.	12/31/15 date of completion-no evaluative components. Component Manager: DDS Supported Employment Lead Supporting Documentation: Supported Employment Training-time period of August 2015-November 2015 (Bates No. JQR Q1 2016 – 00281-00285).		
Supported Employment Objective SE3.6 Defendants will provide training to employment providers and case managers on evidence based practices in Supported Employment.	12/31/15 date of completion-no evaluative components. Component Manager: DDS Supported Employment Lead Supporting Documentation: PFE Activities for FY16 Q1 (Bates No. JQR Q1 2016 – 00273-00280)		
Supported Employment Objective SE3.7 Defendant(s) will work with Partners for Employment (formerly known as Employment Institute) to maintain an ongoing learning collaborative.			
SE3.7a Defendants must continue to fund and support Partners for Employment in accordance with an active formal agreement between DDS and UNM, pertinent state procurement rules, and funding appropriated by the state legislature.	7/31/15	<i>DDS Supported Employment Lead</i>	FY16 contract is in place. Supporting Documentation FY16 PFE Contract (Bates No. JQR Q1 2016 – 00254-00263)
SE3.7b The Partners for Employment program is intended to provide a learning collaborative that enhances employment opportunities for JCMs.	10/31/15	<i>DDS Supported Employment Lead</i>	FY16 contract is in place. Supporting Documentation FY16 PFE Contract (Bates No. JQR Q1 2016 – 00254-00263)
SE3.7c Defendants must annually evaluate the outcomes and efficacy of Partners for Employment as the program relates to employment services for JCMs.	4/30/16-first data collected and reported.	<i>DDS Supported Employment Lead</i>	The PFE Executive Committee met on 11.10.15 to review the PFE FY16 Evaluation Plan. Supporting Documentation: The Partners for Employment FY 16 Evaluation Plan (Bates No. JQR Q1 2016 – 00286-00293), PFE Planning and Evaluation reports for July, August, Sept., October and

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			November (Bates No. JQR Q1 2016 – 00294-00353)
SE3.7d Defendants must communicate the results of the annual evaluation with Partners for Employment.	4/30/16-first data collected and reported.	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: “Partners for Employment Outcomes and Efficacy” 12-30-15 (Bates No. JQR Q1 2016 – 00354-00361)
<i>Supported Employment Objective SE4.1</i> Class members are able to explore community work experiences including job sampling, trial work experiences and volunteering.			
SE4.1a Defendants must identify JCMs who wish to do job sampling, trial work, or volunteering, provided the JCMs have their guardians’ consent to do this type of work.	9/30/15	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Trial Work Experience Grant Program Participation as of 9.30.2015 Report, (Bates No. JQR Q1 2016 – 00197) and Trial Work Experience Grant Program Participation as of 12.29.15 Report (Bates No. JQR Q1 2016 – 00198-00199).
SE4.1b Defendants must identify processes that encourage job sampling, trial work experience, and volunteer opportunities for JCMs identified in SE4.1a.	9/30/15	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Trial Work Experience Grant Program Participation as of 9.30.2015 Report, (Bates No. JQR Q1 2016 – 00197) and Trial Work Experience Grant Program Participation as of 12.29.15 Report (Bates No. JQR Q1 2016 – 00198-00199).
SE4.1c Defendants must communicate processes identified in SE4.1b to JCMs and their guardians, IDTs, case managers, and qualified employment providers.	9/30/15	<i>DDSD Supported Employment Lead</i>	Provider Enrollment Unit to distributed information about the Trial Work Opportunity Grant program via email to SE providers on 4.1.15. Grant application information was posted to www.ACTNewMexico.org in April of 2015. Grant application shared at all regional Supported Employment Local Leaders (SELL) meetings.
SE4.1d Defendants must ensure that there are qualified employment providers in each region that will afford opportunities for job sampling, trial work experiences, and volunteer opportunities for JCMs identified in SE4.1a.	4/30/16	<i>DDSD Supported Employment Lead</i>	Supporting Documentation: Trial Work Experience Grant Program Participation as of 9.30.2015 Report, (Bates No. JQR Q1 2016 – 00197) and Trial Work Experience Grant Program Participation as of 12.29.15 Report (Bates No. JQR Q1 2016 – 00198-00199).
<i>Supported Employment Objective SE4.2</i> Decrease the amount of time class			

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members spend in congregated, segregated settings for persons with D/D and work with IDTs to promote participation in community activities and generic resources that are comparable to those used by non-disabled persons of the same age.			
SE4.2a Defendants must identify JCMs who are in “congregated, segregated settings for persons with D/D” and who do not wish to be in these settings.	4/30/16	<i>DDSD Meaningful Day Lead</i>	Jackson Strike Force for Meaningful Day has begun. Defendants are in the process of developing a tool for CI coordinators to utilize when conducting site visits to day settings.
SE4.2b For those JCMs identified in SE4.2a, Defendants must take steps to decrease the amount of time the JCMs spend in congregated, segregated settings, provided the JCMs’ guardians agree.	4/30/16	<i>DDSD Meaningful Day Lead</i>	See status above
SE4.2c Defendants must provide education and competency-based training to IDTs and pertinent personnel concerning the importance of having JCMs participate in integrated community activities and reducing the time spent by JCMs in congregated, segregated settings.	4/30/16	<i>DDSD Meaningful Day Lead</i>	See status above
SE4.2d Defendants must annually identify and monitor those JCMs who wish to reduce time spent in congregated segregated settings and those JCMs who spent reduced hours in congregated, segregated settings.	4/30/16	<i>DDSD Meaningful Day Lead</i>	See status above
OUTCOME E ISP: People will receive appropriate services / supports through integrated and meaningful ISP’s	Plaintiffs’ Counsel rejected Defendants’ ISP Strategic Plan. On November 18, 2015, the JCA requested Plaintiffs’ Counsel and Defendants create a crosswalk between the old ISP obligations and the Remedial Plan (evaluative components). On November 25, 2015 both parties submitted their crosswalks to the JCA. Awaiting action by the JCA.		
Individual Service Planning OUTCOME C: Identify and correct ISP deficiencies, both individual and systemic, using the community audit information			

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OUTCOME K ASSISTIVE TECHNOLOGY: People will have access to appropriate Assistive Technology	Plaintiffs' Counsel rejected Defendants' AT plan. Plaintiffs' Counsel letter to Defendants' Counsel of November 17, 2015 states Plaintiffs' Counsel would defer to the JCA to determine Defendants' compliance with Assistive Technology. Awaiting action by the JCA.
Assistive Technology OUTCOME A: Enhance and expand the Assistive Technology Initiative statewide.	
2005 Appendix A to the Plan of Action MEANINGFUL DAY SERVICES	Plaintiffs' Counsel rejected Defendants' Meaningful Day Plan on 9/8/15. Defendants letter to the JCA of 9/15/15 requests guidance on how to proceed. This topic was discussed at the December 2015 consultation/check in meeting with the JCA in which she provided her opinion/guidance as to specific actions Defendants might take in order to meet the outstanding obligation.
2005 Appendix A to the Plan of Action DIVISION OF VOCATIONAL REHABILITATION	Most recently, DVR submitted a proposal to Disengage/Supplant the Outstanding Appendix A DVR Order to Plaintiffs' Counsel on November 13, 2015. Awaiting Plaintiffs' Counsel response.
JSD Continuous Improvement	In regards to the ISP and Behavior outstanding continuous improvement areas, the Department's position is that the new ISP Strategic Plan described will supplant the continuous improvement obligations. Plaintiffs' counsel stated that they are not opposed to this outright, however will need to see the ISP Strategic Plan after its creation in order to make a decision whether the ISP strategic Plan contains provisions that can supplant continuous improvement requirements. As mentioned above, Plaintiffs have until September 8, 2015 to respond Defendants ISP Strategic Plan. Update: ISP Strategic Plan was rejected by Plaintiffs' Counsel on 9/8/15.
ISP JSD Paragraph 35	
Metro:	
Total Program Adequate	DISENGAGED Doc. 2069
Adequate Use of Generic Services	
Person Integrated Into Community	
Southeast:	
Total Program Adequate	Doc. 2074 Plaintiffs Opposed Response, Doc. 2077 Reply in Support of the Motion to Disengage
Southwest:	
Person Integrated into Community	
Behavioral Supports JSD Paragraph 36	
Northeast:	
Behavior Services Integrated into ISP	
Northwest:	
Behavior Services Integrated into ISP	

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Southeast:	
Person Receive Behavior Services	
Southwest:	
Behavior Services Integrated into ISP	
Supported Employment JSD Paragraph 37	
Metro:	
Have Career Development Plan	
Person Receive Employment Services	
Northeast:	
Have Career Development Plan	
Person Receive Employment Services	
Southwest:	
Have Career Development Plan	
Person Receive Employment Services	
1998 Audit Recommendations	DISENGAGED 12/14/15 Doc. 2076 Disengaging the 1998 Audit